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ABSTRACT

The move from disease treatment to disease prevention represents an exciting and positive step forward in promoting the health of young children. In modern society, though, health-related messages are part of a broad socialization process in which adults often transmit confusing and contradictory messages to children. To counter this condition, the health of children could be promoted and protected on a broad scale by including a health information component in the curricula of licensed early childhood education facilities or Head Start programs, which serve as many as 25.5 percent of American children under the age of 6. These educational programs should extend to children's rights to health information, to knowledge about hazards in the environment, to demedicalization of health, and to health promotion and disease prevention education in the classroom. A health-enhancing approach in educational programs for young children would include the following five key dimensions: student independence, autonomy, and internal locus of control; nutritional awareness; physical fitness; stress awareness and management; and environmental sensitivity. To further promote children's health, teachers and parents could form problem-solving groups and link with networks of diverse organizational systems oriented towards health promotion. Adults sufficiently conscious of their responsibility for the child's well-being would transform the home and school into health centers. (RH)

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Healthy Children: Networking of People Concerned About The Quality of Life of Young Children

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WHY A CONCERN ABOUT HEALTH?

Americans are healthier than ever. Our scientific knowledge of the causes of health problems and our ability to treat disease and injury have advanced immensely, but the recognition that health and disease are interrelated to lifestyle, attitudes and environment has forced us to reassess health care and education in recent years. The "germ theory" of disease, developed in the late nineteenth century by Pasteur and Koch, may have exhausted its explanatory power. As John Knowles (1977) said, "The idea was simple, unitary and compelling: one germ - one disease - one therapy." Today this no longer explains multifactorial chronic diseases, such as cancer and hypertension, which do not seem to have single efficient causes in the same sense as infectious diseases. Instead such diseases have very complex and multifaceted causes which involve interactions of lifestyle, personality and environmental factors.[1.] Just as yesterday's eradication of infectious diseases, such as polio, was not accomplished by providing a cure, but rather by discovering a vaccine to prevent it, the strategies for today's chronic diseases must include more emphasis on prevention rather than cure.[2.] This move from disease treatment which defines health in terms of the absence of a negative condition (disease, illness or injury) and toward disease prevention which defines health as a positive state of functioning, blending modern Western medical technology with health promotion and disease prevention, represents an exciting and positive step forward in promoting the health of young children.

HEALTH VALUES AND LIFESTYLE PRACTICES

We all have certain beliefs about the promotion of good health. Many of us recognize the importance of good eating habits, physical fitness, stress control and safety. Rate yourself on how well your health values link to your lifestyle on the chart shown below.

Enhancing Health: Your Health Values and Practices 3.

Health Values	Lifestyle (Check ( ) which health practices you follow)
• Good Nutrition	- Maintain a desirable weight. - Eat a variety of foods daily (fruits, vegetables, whole grain products, dairy products, dry legumes, meat, fish or poultry). - Limit intake of sodium, fat, cholesterol and sugar (carefully read labels to determine both type and amount contained in packaged foods).
• Exercise and Fitness	- Run, swim, briskly walk or participate in some exercise for strengthening heart and lungs at least three times a week. - Stretch, garden or participate in muscle-toning activities and exercises at least three times a week.
• Stress Control	- Engage in group activities or interests which you enjoy. - Find time daily to relax. - Express feelings freely with close friends and relatives when needed. - Recognize and prepare for situations which may potentially be stressful, but if an unexpected stressful situation occurs, take time to relax.
• Safety	- Careful when using products (household cleaners, poisons, electrical devices) or weapons which could be potentially harmful. - Use seat belts when driving or riding in a car. - Obey traffic rules.

An awareness of good health values is very important, but how we utilize that understanding by making good health habits part of our lifestyles has much more direct impact on enhancing our health and preventing disease.

CULTURAL AND HEALTH MESSAGES

What does it mean to be "sick" or to be "well"? In the present framework of the medical model, the state of being sick is manifested in the biological and physical condition of the individual. Our society's preoccupation with high achievement, high status and cognitive skills often denies us our emotional or psychological well being. For example, children may be anxious about an event or situation at school, but parents often will not accept the child's distress until it is manifested in physical symptoms such as a headache, stomach pains or a fever. In one sense, illness can be one of the most humanizing coping mechanisms that we have because by being sick we and others allow us to fail, express empathy, and express feelings such as anger, sadness or fear. The sick role also enables us to relinquish the responsibility associated with our normal social roles. On the other hand, if our feelings were respected before getting sick, if emotional and psychological dimensions of health were recognized and nurtured, we would be better equipped with the psychological skills to manage stress and prevent illness.

Health values, attitudes and practices have been transformed by the social-organizational, industrial and communication changes of the 20th century. We no longer see the doctor as the benevolent and caring person with all the necessary treatment in his/her office or black bag, but as the collector of fees for his/her high-prestige skills. We see

the doctor as a technical specialist dispensing treatment in large complex hospitals, with costly and highly sophisticated equipment. We no longer seem to rely on our folk wisdom to provide home remedies for colds or flu, but rather the medical and pharmaceutical industry helps us "relieve that stuffy feeling" with cold capsules or night-time medicines to help us sleep. We no longer get an adequate amount of fiber in our daily diet of packaged foods, but rather television advertising has convinced us that constipation is a normal part of life, even farmers living in the midst of fiberous plants are persuaded that they need the store-bought substitutes.

Health-related messages are part of a broad socialization process and children are getting mixed messages. How often have we seen parents insist that children use their seat belts, but parents themselves may not "buckle up" every time they are in a car. Parents tell children not to smoke, yet they smoke.[4.] People are often taking high risks with their health and, by doing so, are sending out confusing and contradictory messages to their children.

SOCIAL POLICY-MAKING AND HEALTH ISSUES

Probably the most influential forces in determining the nature of health meanings and health care have been the health institutions, including doctors, health professionals, hospitals, clinics, health insurance companies and pharmaceutical industries, dominated by a medical model of disease. Though the costs of medical care and treatment (doctors, hospitals, drugs) have escalated at an alarming rate in the past two decades, these expenditures have not yielded substantial improvement in providing cures for chronic diseases, like cancer, heart disease, stroke and others, nor have they been directed towards prevention before the disease occurs.

With the "greying of America", as more and more people are 65 years of age or older, the population requires more and more care for health problems. In light of ever-spiraling costs of the medical care delivery, growing dissatisfaction with the impersonal medical practice and limited access to health care, new efforts are being made to meet these increasing health needs. Hospice care for terminally-ill patients and home health care provide less expensive medical services and attend to more than just the physical needs of the patient. Nurse-practitioners and other lower-cost health care providers also help to reduce and control medical costs.[5] In the wake of this reassessment of the cost, effectiveness, and mode of care in the present medical delivery system, the alternative of health promotion and disease prevention has been rapidly gaining momentum throughout the country.

Since as many as 25.5% of children under the age of six receive early childhood education in a licensed facility or Head Start program in this country, these programs offer a potentially significant base for promoting and protecting the health of the children in their care. Teachers, in cooperation with parents, can ensure that these preschools and day care centers, where the children spend a significant portion of their day, provide preventive services, such as immunizations, sound and balanced nutrition, and periodic health assessments for early detection and treatment of potential health problems. Teachers, as models for children of good health attitudes and practices, can establish and maintain a learning environment where accident prevention and safety are observed and activities are incorporated to meet the unique health needs of young children.[6] For this to occur, certain rights must be included in the program which will protect and promote the health of the children.

HEALTH RIGHTS OF THE CHILD AND PARENT

We believe that "good health is a right, not a privilege". Educational programs should include the right to health information, the right to knowledge about the environment, the right to demedicalization of health, and the right to a health promotion and disease prevention curriculum.

1. Right to Health Information

   The child and parent shall be entitled to receive health information. With the growing criticism of the medical care system and the increasing number of alternative health care practices, the family needs health information which will enable critical decision-making appropriate to its health care and practices.

2. Right to Knowledge About the Environment

   The child and parent shall be entitled to receive information about the environment, such as the use or production of carcinogenic substances at the worksite; the effects of stress on the individual's health; the effects of food preservatives; the safety of seat belts; potentially harmful toys; and the harmful effects of certain diets.

3. Right to Demedicalization of Health

   The child and parent are entitled to demedicalization of health. In this highly technological age, medical care is spiraling out of the hands and budgets of most Americans. As the medical profession increasingly relies on specialized information and technology, the knowledge of the doctor is not shared knowledge. As control lies more and more outside the

individual and is externally projected onto the doctor, machine or drug, individuals feel less internal control over their own health and may become passive and apathetic in administrating to their health needs, both before and during an illness.

Health must be understood as a set of personal actions as well as a state of being. People need a sense that whatever actions they take effect their health status.[7.]

4. Right to Health Promotion Curriculum

The child is entitled to receive health promotion and disease prevention education in the classroom. We are suggesting a framework whereby schools become healthy environments. Rather than trying to include health as another behavioral objective in science, rather than making health another subject like reading and writing, we believe that health should be a framework for examining and practicing positive health values, actions, and attitudes within the school environment.

We have identified five key areas or dimensions (independence, autonomy and locus of control; nutritional awareness; physical fitness, stress awareness and management, and environmental sensitivity)[8.] for a health-enhancing approach in educational programs for young children.

DIMENSIONS OF A HEALTH PROMOTION APPROACH TO EARLY CHILDHOOD EDUCATION PROGRAMS

1. Independence, Autonomy and Locus of Control

In this first dimension, the child assumes increasing ability towards independence, autonomy, and locus of control

(recognition of self as controlling some events in one's life) appropriate for age level and skills of the child. This development is essential for the child to begin to take an active role in looking after his/her own health.

Children become able to care for their own needs without continual adult assistance, such as dressing themselves for outdoors or finding a particular material with which they wish to work. Children can demonstrate feelings of control over certain aspects of their environment by selecting materials to produce original creations in woodworking, art, etc., and children may demonstrate feelings of control by using language to initiate activities or to stop activities they do not want to continue.[9.]

2. Nutritional Awareness

By providing familiar foods in balanced meals and nutritious snacks, the program is showing an acceptance of the home and therefore developing positive attitudes towards the child's own cultural heritage, besides an awareness of the child's favorite foods (color, texture, smell, taste) and a positive experience with food at an early age — all small steps towards nutritional awareness for young children.[10.]

3. Physical Fitness

Besides the daily involvement of the total physical being of the child, the program may focus on certain skills involving the control of the body in space. On the balance beam or merry-go-round, the child can learn to balance and control the whole body while staying in place. When brushing teeth,

washing face and hands, manipulating zippers and buttons on clothing, or serving snack without spilling food or drink, the child can move certain parts of the body though most of the body remains in one place. In dancing, running or climbing on the jungle gym, the child can control the body while moving in space, or in throwing a ball, control some parts of the body while moving in space. Encouraging active participation and the control of the body in place or in motion helps the child gain control of some physical aspects of the body and environment.[11.]

4. Stress Awareness and Management

By recognizing and coping with emotions, children learn more successful ways to deal with and prepare for stressful situations. Many children's books can be useful in promoting discussion about recognizing emotions, how the book's characters deal with their emotions in the situation.[12.] The learning environment including the types of activities, materials and interactions and how these are arranged in the classroom setting, needs to be assessed in terms of stress, which affects not only the health of the children, but also the health of the teacher as well. "Stress is inevitable and desirable, but if unattended, can be damaging to your health".[13.]

5. Environmental Sensitivity

Besides the learning environment of the class, a "hidden environment" also exists in the classroom. In considering the nutrition, safety, order and cleanliness of the environment, the teacher needs to be aware of the quality of air,

enough windows and light, space that encourages movement, plants and small animals that add warmth and a living environment.[14]

Teachers, staff and parents become "environmental engineers" by designing opportunities for situations, events and interactions which are positive approaches to the school/home/play environments. At the same time, these adults give the child the opportunity to "engineer" and become responsible for creating his/her own environment by permitting the child to select his/her own materials and types of interactions, or to explore materials in his/her own way even during adult-initiated activities.

ORGANIZATIONAL AND GROUP STRATEGIES FOR EFFECTING CHANGE IN HEALTH ATTITUDES AND PRACTICES

According to Healthy People, the surgeon general's report, "... responsibility for implementing the newer approaches to health promotion and disease prevention has for the most part rested everywhere and thus nowhere".[15] We believe that one of the most practical methods of achieving health promotion is through health education which examines the individual's interrelated position within society and social institutions and the interconnection of social relationships. "Networking", as an approach which attempts to bring together diverse organizational systems oriented towards health promotion rather than disease states, could have profound potential for promoting healthy actions in our children. The present laws, health beliefs, attitudes and policies in health care are not, for the most part, established on a foundation of health promotion.

1. Teacher Problem Solving Groups

Through the process of "networking" systems support can be provided to teachers and families to increase their awareness and knowledge about healthy personal habits and lifestyles for themselves and children. We believe that children, parents and teachers have a right to knowledge and information regarding healthy practices and illness prevention. However, for health education to be effective it must be reinforced in the home, school and community.

To implement a change towards health promotion and illness prevention in health education and health practices in the educational center, teachers can form voluntary problem-solving groups. Unified by the sense of concern about the quality of life for young children, teachers may set up opportunities to explore health attitudes and practices affecting the health of classroom participants, both the children and the teachers.

2. Teacher/Parent Problem-Solving Groups

Like the teacher groups, the teacher, staff and parents can work together to bridge the gap between school and home, not in the unidirectional sense of teacher imparting information to parents, but in a shared communication between teachers and families. Along with sharing information about health rights of children and parents, teachers may learn parental attitudes towards particular health practices which may be culturally-related and that the parents insist on, helping to assure that teachers respect health practices from the home and follow and/or complement those health procedures

in the school if possible.

The teacher/parent problem-solving groups can investigate health services and facilities in the community, such as the Red Cross, the Police Department for safety information, the Public Health Office for immunizations and dental care, and other voluntary organizations. The groups can also initiate and organize popular action against hazardous environmental conditions in the community, against advertising of unhealthy products by the media, and point to work/living conditions which lead to illness and disability.

CONCLUSIONS

We believe that if adults were sufficiently conscious of their responsibility for the child's well-being, then "...the home and school would become health centers. Instead of giving children instruction about health, an environment insuring their health would be provided".[16.]

A health promotion "network" approach gives teachers a way of looking at their knowledge, awareness and information concerning health issues and points to the importance of their role as advocates of healthy children, working together with parents and the community in a shared and responsive way.

REFERENCES

Knowles, J. The responsibility of the individual. In J.N. Knowles (Ed), Doing Better and Feeling Worse: Health in the United States. New York: Wiley, 1977, p. 58.

1. Lee, P.C. & Cohen P.B. Children's understanding of health, health practices, illness, and related bodily processes. Paper presented at the annual conference of The Association of Teachers in Independent Schools, New York City, February 5, 1982.

2. Healthy People: The surgeon general's report on health promotion and disease prevention. Washington, D.C. : U.S. Department of Health, Education, and Welfare, 1979.

3. Health Style: A Self Test: Nutrition and your Health: Dietary Guidelines for Americans. U.S. Department of Health and Human Services: Public Health Service.

4. Lee, P.C. & Cohen, P.B. Development of Children's Meanings of Health Practices and Smoking. National Institute of Health Report, Teachers College, Columbia University, 1982.

5. Schwartz, H. The changing national health, Health Care. Employment Opportunities for the 80's,New York Times, November, 1981, p. 8.

6. Better Health for our children: A national strategy, the report of the select panel for the promotion of child health. Volume 1, Washington, D.C. : Department of Health and Human Services, 1981.

7. Lee, P.C. & Cohen, P.B. Children's understanding of the medical encounter. Paper presented at the annual convention of the Rocky Mountain Psychological Association, Albuquirque, N.M., April 29, 1982.

8. Ardell, D.B. The nature and implications of high level wellness: or why "normal health" is a rather sorry state of existance. Health Values: Achieving High Level Wellness , Volume 3, 1, 1979, p. 17-24.

9. Williams, L.R., Sutherland, I; Harrington, C. Alerta Bilingual Multicultural Early Childhood Education Program; National Strategy for Project Head Start. Teachers College, Columbia University, 1979.

10. Ibid.

11. Ibid.

12. Ibid.

13. Ardell, D.B., op. cit., p. 21.

REFERENCES CONTINUED

14. Williams, L.R.; Southerland, I.; Harrington, C. op. cit.

15. Healthy People, op. cit., p. 145.

16. Johnson, M. Youth in a world of men. New York: The John Day Company, 1929, p. 11-12.